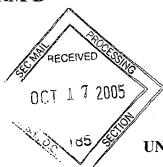
## FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number:

Expires:

Estimated average burden hours per response .....

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Name of Offering ( $\square$ check if this is an an	nendment and name ha	as changed, and	d indicate o	change.)		
The Willowbridge Fund L.P.						
Filing Under (Check box(es) that apply):	□ Rule 504 □ Rule :	505 <b>☑</b> Rule 50	6 🗆 Secti	ion 4(6) UL	OE	Adrii 23101 dain 26110 diede 1920 wan dain 2011 1921
Type of Filing: ☐ New Filing ☑ Amenda	ment				}	
	A. BA	ASIC IDENTI	FICATIO	N DATA		
1. Enter the information requested about the	ne issuer					05068206
Name of Issuer ( check if this is an ame	ndment and name has	changed, and i	indicate cha	ange.)		
The Willowbridge Fund L.P.						
Address of Executive Offices	(N	umber and Stre	eet, City, S	tate, Zip Code)	Telephone Numb	er (Including Area Code)
4 Benedek Road, Princeton, New Jersey	08540				609-921-0717	
Address of Principal Business Operations	(N	umber and Stre	eet, City, S	tate, Zip Code)	Telephone Numb	er (Including Area Code)
(if different from Executive Offices)						
Brief Description of Business						
Trading and investments						
Type of Business Organization						PROCESSED
☐ corporation	Ilimited partnership	p, already form	ned	other (	please specify):	
☐ business trust	☐ limited partnership	p, to be formed	l <sub></sub>			ANDLE & B. MOLA
		Month	Year		(,	A 1404 a a 200a
		ត្រ ត្រ		☑ Actual □	Estimated	THOMSON
Actual or Estimated Date of Incorporation	or Organization:	0 1	8 6	E Acidai □	Estimated	FINANCIAL
Jurisdiction of Incorporation or Organizati	on:	(Enter two-	-letter U.S.	Postal Service a	abbreviation for St	ate: DE
		CN for Car	nada; FN fo	or other foreign j	jurisdiction)	DE

#### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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, A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
• Each promoter of the issuer, if the issuer has been organized within the past five years;										
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:										
Full Name (Last name first, if individual)										
Ruvane Fund Management Corporation										
Business or Residence Address (Number and Street, City, State, Zip Code)										
4 Benedek Road, Princeton, New Jersey 08540										
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner										
Full Name (Last name first, if individual).										
Lerner, Robert L.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
4 Benedek Road, Princeton, New Jersey 08540										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply:										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply:										
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Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply:										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply:										

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Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

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													Yes	No
1.	Has the	issuer sold	l, or does t	he issuer ir	itend to sel	l, to non-a	ccredited is	nvestors in	this offerin	ng?				$\square$
						endix, Colu								
2.	What is	the minim	um investi					-		ner reserve	es the right	to accept	\$25,000	
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3.					-							•••••		
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Sanders	Morris H	larris Inc.										·		
Business	or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)							
600 Trav	vis , Suite	3100, Но	uston, TX	77002										
Name of	Associate	d Broker	or Dealer											
States in	Which Pe	rson Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers	<u>-</u>						
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			y, Suite 11		•	•	•							
		ed Broker	<del></del> -											
States in	Which Pe	rson Liste	d Has Soli	cited or In	ends to So	licit Purch	asers							
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States in	Which Pe	erson Liste	d Has Soli	cited or In	tends to Sc	licit Purch	asers							
(Ch	eck "All	States" or	check indi	vidual Stat	es)				••••••			☑ Al	States	
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	[IL]	[IN]	[1A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

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Full Name (Last n	ame first, i	f individua	ıl)									·
Multi-Financial S	Securities (	Corporatio	on									
Business or Reside	ence Addre	ess (Numbe	er and Stree	et, City, Sta	te, Zip Coo	de)						
1290 Broadway,	14 <sup>th</sup> Floor,	Denver C	o 80203									
Name of Associate	ed Broker	or Dealer										
States in Which Pe	erson Liste	d Has Soli	cited or Int	ends to Sol	icit Purcha	sers						<del></del>
(Check "All	States" or	check indiv	idual State	es)	***************************************						🗹 A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last n	ame first, i	if individua	ıl)									
Uhlmann Price S	ecurities,	LLC										
Business or Reside	ence Addre	ess (Numbe	er and Stre	et, City, Sta	te, Zip Co	de)						
141 W. Jackson I	Blvd., Suit	e 1340-A,	Chicago, I	L 60604								
Name of Associate	ed Broker	or Dealer										
Name of Associate States in Which Pe	ed Broker erson Liste	or Dealer	cited or Int	tends to Sol								
Name of Associate States in Which Pe (Check "All	ed Broker erson Liste States" or	or Dealer d Has Solicheck indiv	cited or Int	tends to Sol	or Arizona	and Puert						
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Name of Associate States in Which Po (Check "All [AL] [IL] [MT] [RI]	erson Liste States" or [AK] [IN] [NE] [SC]	or Dealer  Id Has Solid  Check indiv  [AZ]  [IA]  [NV]  [SD]	cited or Int vidual State [AR] [KS] [NH]	tends to Sol es) except fo [CA] [KY]	or Arizona [CO] [LA]	and Puert [CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
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B. INFORMATION ABOUT OFFERING (CONT'D	В.	INFORMATION ABOUT	OFFERING	(CONT'D
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Full Name (Last name first, if individual)

National Financial Services, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

200 Liberty Street, New York, NY 10281

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MS] [MO] [MD] [MA] [MI] [MN] [MT] [NV] [NE] [NH] [NJ] [NM] [NY] [NC] [ND] [HO] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Charles Schwab & Co., Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

101 Montgomery Street, San Francisco, CA94104

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ...... 🗹 All States [AL] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [AK] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] (TX) [UT] [VT] [WA] [WV] [WI] [WY] [PR] [VA]

Full Name (Last name first, if individual)

Wachovia Securities, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

901 East Byrd Street, Richmond, VA 23219

Name of Associated Broker or Dealer

States in	Which Pe	erson Liste	d Has Soli	cited or In	tends to So	licit Purch	asers							
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(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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		·	B	. INFOR	MATION	ABOUT	OFFERING	G (CONT	'D)			<del></del>
Full Name (Last na	ame first, if	individual			* /			<del></del>				
Butler, Freeman,	Tally Fina	ncial Gro	up, LLC									
Business or Reside	nce Addres	s (Number	and Stree	t, City, Sta	te, Zip Coo	ie)						
2312 School Lane	, Bedford,	TX 76021										
Name of Associate	d Broker o	r Dealer			<del></del>							
States in Which Pe	rson Listed	Has Solic	ited or Inte	nds to Sol	icit Purcha	sers				<del></del>	<del></del>	
(Check "All !	States" or c	heck indivi	dual States	s)							A	II States
[AL]	[AK]	[AZ]☑	[AR]Ø	[CA]⊠	[CO]⊠	[CT]	{DE}	[DC]⊠	[FL]	[GA]Ø	[HI]	[ID]
[IL]☑	[IN]	[IA]⊠	[KS]Ø	[KY]	[LA]	[ME]	[MD]⊠	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]Ø	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]⊠	[ND]	[OH] <b>⊠</b>	[OK]⊠	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]⊠	[UT]⊠	[VT]	[VA]⊠	[WA]	[WV]	[WI] <b>⊠</b>	[WY]	[PR]
Full Name (Last n	ame first, if	individual	)									
PrimeVest Finance	cial Service	es, Inc.										
Business or Reside	ence Addres	ss (Number	and Stree	t, City, Sta	te, Zip Coo	ie)						
400 First Street S	outh, Suite	300, St. C	loud, MN	56301								
Name of Associate	ed Broker o	r Dealer							<del></del>			
States in Which Pe	erson Listed	l Has Solic	ited or Inte	nds to Sol	icit Purcha	sers						
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RJ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last n	ame first, if	individual	)									
	ts Inc											
Pavek Investmen												
Business or Reside		ss (Number	r and Stree	t, City, Sta	te, Zip Coo	de)						
Business or Reside	ence Addres	•		• •	te, Zip Coo	de)						
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Business or Reside 2419 West Branto Name of Associate States in Which Pe (Check "All	wood Aven ed Broker o erson Listed States" or ci	ue, Glender r Dealer l Has Solic heck indivi	ited or Inte	ends to Sol	icit Purcha	sers						
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Business or Reside 2419 West Branto Name of Associate States in Which Pe (Check "All	wood Aven ed Broker o erson Listed States" or ci	ue, Glender r Dealer l Has Solic heck indivi	ited or Inte	ends to Sol	icit Purcha	sers						
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В.	INFORMATION	ABOUT OFFERING (CONT'D)

Full Name (Last name first, if individual)

**Polar Investment Council** 

Business or Residence Address (Number and Street, City, State, Zip Code)

28798 Cramer Court, Burlington WI 53105

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers [AL] [AK] [AZ] [AR] [CA] [CO] [DE] [DC] [GA] [HI] [ID] [CT] [FL] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] ГΝЛ [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

The Strategic Financial Alliance, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

3384 Peachtree Road, Suite 900, Atltanta, GA 30326

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ..... All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [KY] [ME] [IA] [KS] [LA] [MD] [MI] [MN] [MS] [MO] [MA] [MT] [NE] [NV] [HII] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [SD] [RJ] [SC] [TN] [TX] [UT] [VT] [WA] [WV] [WI] [WY] [PR] [VA]

Full Name (Last name first, if individual)

Pacific West Securities, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

555 S. Renton Village Place, Suite 700, Renton, WA 98055

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ..... All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] $\{lA\}$ [KS] [KY] [LA] [ME] [MD] [MA]  $\{MI\}$ [MN] [MS] [MO] [MT] [NM] [NC] [NE] [NV] [NH] [NJ] [NY] [ND] [OH] [OK] [OR] [PA] [RI] [TX] [SC] [SD] [TN] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

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Business or Reside 916 N. 300 West,			and Street	, City, Stat	te, Zip Cod	e)						
lame of Associate	d Broker o	r Dealer										
tates in Which Pe	rson Listed	l Has Solici	ted or Inte	nds to Soli	cit Purchas	ers						
(Check "All S	tates" or c	heck indivi	dual States	s)							🗆 Al	l States
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[IL]☑	- [IN]⊠	[IA]☑	[KS]☑	[KY]☑	[LA]☑	[ME]	[MD]☑	[MA]☑	[MI]☑	[MN]☑	[MS]	[MO]☑
[MT]☑	[NE]	[NV]☑	[NH]☑	[N]]⊠	[NM]⊠	[NY]⊠	[NC]	[ND]	[ОН]⊠	{OK}⊠	[OR]☑	[PA]☑
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States in Which Pe (Check "All S [AL] [IL] [MT] [RI]  Full Name (Last na Geneos Wealth M Business or Reside 1700 S. Syracuse Name of Associate	d Broker of crown Listed (AK] [IN] [NE] [SC] Ime first, if anagement anagement (Address Highway, and Broker of crown Listed (Issue Control (I	r Dealer  I Has Solici heck indivi [AZ] [IA] [NV] [SD]  findividual at, Inc. sss (Number Suite 1000, r Dealer	ited or Interdual States [AR] [KS] [NH] [TN]  and Street Denver, (	nds to Soli s)	[CO] [LA] [NM] [UT]  te, Zip Cod	[CT] [ME] [NY] [VT]	[DE]☑ [MD]☑ [NC] [VA]	[DC] [MA] [ND] [WA]	[FL]☑ [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI] [MS] [OR] [WY]	[ID] [MO] [PA]☑ [PR]
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Business or Reside					ate, Zip Co	de)						
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Name of Associate States in Which Po (Check "All [AL] [IL] [MT] [RI] Full Name (Last n	erson Liste States" or o [AK] [IN] [NE] [SC] ame first, i	or Dealer  d Has Solid check indiv [AZ] [IA] [NV] [SD]	cited or Intridual State [AR] [KS] [NH] [TN]	ends to So es) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	(	Aggregate Offering Price	Aı	mount Already Sold
	Debt		-	\$	-0-
	Equity				-0-
	□ Common □ Preferred	<u>~</u> _		<u>~_</u>	<u>~</u> _
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests.				28,281,017
	Other (Specify)			\$	-0-
	Total			•	28,281,017
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ_	100,000,000	9	20,201,017
2.	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	l			
					Aggregate
			Number		ollar Amount
			Investors		of Purchases
	Accredited Investors		397	<u>\$</u>	28,281,017
	Non-accredited Investors	_	-0-	<u>\$</u>	-0
	Total (for filings under Rule 504 only)	_	-0-	<u>s</u>	0-
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security	D	Pollar Amount Sold
	Rule 505	_		\$	
	Regulation A	_		<u>\$</u>	
	Rules 504	_		<u>\$</u>	
	Total	_		<u>\$</u>	<del> </del>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		⊻	S	-0-
	Printing and Engraving Costs		⊡	<u> </u>	500
	Legal Fees		☑	<u> </u>	15,000
	Accounting Fees		⊻	<u> </u>	5,000
	Engineering Fees		⊻	<u> </u>	-0-
	Sales Commissions (specify finders' fees separately)				237,000
	Other Expenses (identify) filing fees			-	6,500
	Total			-	264,000

total expe	enses furnished in response to Part C - Ques	gate offering price given in response to Part C- Question 1 an ation 4.a. This difference is the "adjusted gross proceeds to the	he			<u>\$</u>	<u>99,73</u>	<u>36,000</u>	
5.	Indicate below the amount of the adjusted of the purposes shown. If the amount of a	gross proceeds to the issuer used or proposed to be used for my purpose is not known, furnish an estimate and check the byments listed must equal the adjusted gross proceeds to the i	each	•					
				D	ayments to Officers, birectors, & Affiliates			yments to Others	
	Salaries and fees		. 🗆	<u>\$</u>	-0		<u>\$</u>	-0-	
	Purchase of real estate		. 🗆	<u>\$</u>	-0-		<u>\$</u>	-0-	
	Purchase, rental or leasing and installation of machinery and equipment			<u>\$</u>	-0-		<u>\$</u>	-0-	
	Construction or leasing of plant buildings and facilities		. 🗆	<u>\$</u>	0		<u>\$</u>	0	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			<u>\$</u>	-0-		<u>\$</u>	-0-	
Repayment of indebtedness			. 🏻	<u>\$</u>	-0-		<u>s</u>	-0-	
Working capital  Other (specify): trading and investments			. 🗆	<u>\$</u>	-0-		<u>\$</u>	-0-	
			. 🗹	<u>\$</u>	-0-	$\square$	<u>\$_9</u>	9,736,000	
	Column Totals			<u>\$</u>	-0-	☒	<u>\$ 9</u>	9,736,000	
Total Payments Listed (column totals added)					<b>∑</b> <u>\$ 99,736,000</u>				
		D. FEDERAL SIGNATURE							
constitute	er has duly caused this notice to be signed be es an undertaking by the issuer to furnish to d by the issuer to any ron-accredited investor	y the undersigned duly authorized person. If this notice is fil the U.S. Securities and Exchange Commission, upon written or pursuant to paragraph (b)(2) of Rule 502.	led u	nder uest o	Rule 505, the	follo info	owing ormati	signature on	
Issuer (Print of Type) The Willowbridge Fund L.P.		Signature Date Septe	mbe	r 29,	29, 2005				
Name of	Signer (Print or Type)	Title of Signer (Print or Type)		<del></del>					
	L. Lerner	President of Ruvane Fund Management Corporation, the General Partner of the Issuer							

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